

KIDNEY AND RENAL PELVIS

Table 1: Incidence and mortality summary, South Dakota 2003

	All races combined			White	American Indian
	Total	Male	Female		
Incidence count*	98	57	41	86	11
S.D. incidence ¹	11.9	15.3	8.9	10.9	§
U.S. incidence	12.5	16.9	8.9	13.1	■
Death count ¹	39	28	11	36	3
S.D. death rate ¹	4.6	7.5	2.2	4.4	§
U.S. death rate ²	4.2	6.1	2.7	18.5	4.3

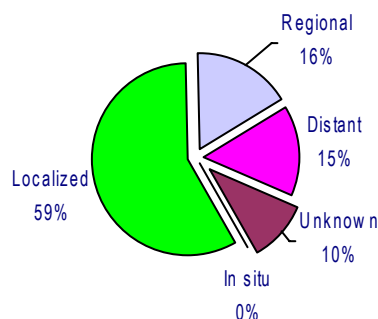
Notes: ■ Rate is not available

§ Rates less than 16 counts are suppressed because of instability of rates

Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard

+ Source: South Dakota Department of Health * SEER 13 Registries 1990-2003

Figure 1: Kidney & renal pelvis cancer stage at diagnosis³, South Dakota 2003



³SEER SUMMARY STAGE 2000

Source: South Dakota Department of Health

Descriptive Epidemiology

Incidence: Cancers of the kidney and renal pelvis accounted for 2.5% of cancers reported to the SDCR in 2003. Of the 98 cases observed, 86 were white and 11 were American Indians. Men were affected more than females. Most cases occur in older people except for Wilm's tumor (nephroblastoma), which affects mostly children under five and accounts for the majority of childhood kidney cancers. Renal cell carcinomas are 80 percent of adult kidney cancers.

Stage at Diagnosis: 59% of all cases were diagnosed at the localized stage for all races.

Mortality: This cancer accounted for 2.3% of all cancer deaths. Men were twice as likely to die from this cancer. South Dakota's 5-year, 1999-2003 percent change (PC) showed an increase of 11.3% PC and 2.0 APC. Whites had an increase with 6.0 PC and -2.4 APC. Counts for American Indians were too low to analyze.

The mortality/incidence ratio was .4 for all races and whites and .3 for American Indians.

Years of Potential Life Lost (YPLL₇₅) in 2003: 265 years for whites and 26.5 years for American Indians.

Average Years of Life Lost (AYLL₇₅) in 2003: 14 years for whites and 9 years for American Indians

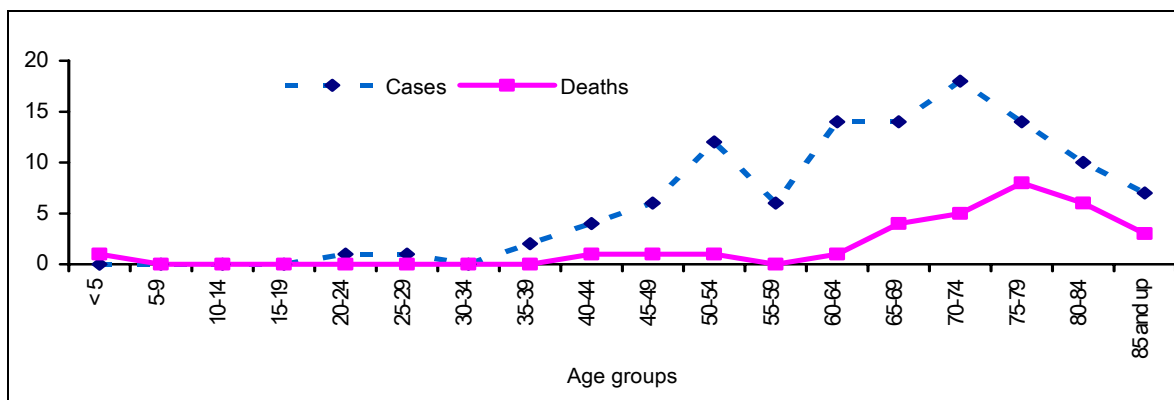
Risk and Associated Factors

Tobacco use is strongly associated with adult kidney cancer. Obesity is positively associated as well as occupational exposure to aniline dyes, benzene or 2-naphthalene. Approximately one percent of cases cluster in families.

Early Detection and Prevention

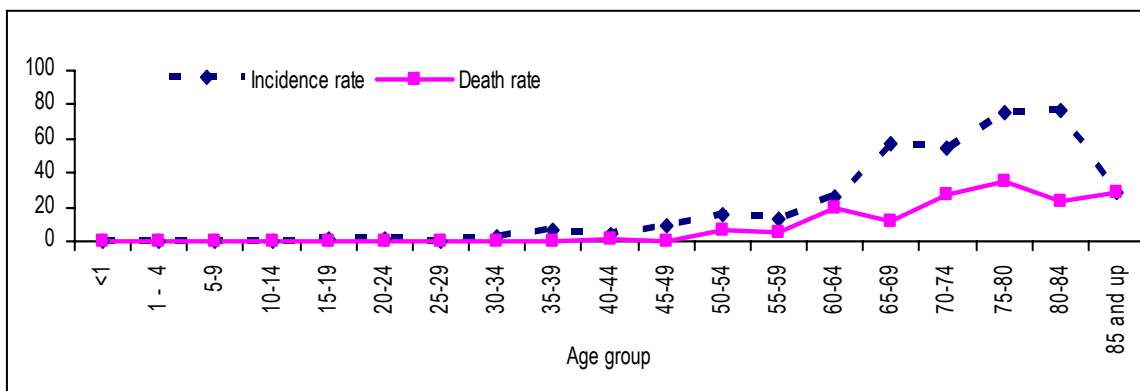
Since it is difficult to diagnose renal cancer until it becomes symptomatic many cases are diagnosed at later stages when treatment is more difficult. Symptoms include sporadic blood in the urine and sometimes pain at the point where approximately one-third would have already metastasized. The only preventive measure is for adults to quit smoking.

Figure 2: Kidney & renal pelvis cases and deaths by age, South Dakota 2003



Source: South Dakota Department of Health

Figure 3 : Kidney & renal pelvis age-specific incidence and death rates, South Dakota 2003



Rates are per 100,000 persons

Source: South Dakota Department of Health

Table 2 : Kidney & renal pelvis age-adjusted incidence 2001-2003 and age-adjusted death rates 1999-2003, South Dakota and United States

		All races combined			White	American Indian/PI
		Total	Male	Female		
<u>2001-2003</u>	SD incidence count	307	192	115	283	24
3 years	S.D. incidence rate	12.5	17.3	8.5	12.0	24.7
incidence ¹	U.S. SEER incidence rate ²	12.5	17.3	8.5	12.7	10.3
<u>1999-2003</u>	SD death count	185	120	65	176	9
5 years deaths ¹	S.D. death rate	3.8	6.6	1.7	4.4	8
	U.S. SEER death rate ²	4.2	6.1	2.8	4.3	4.8

Note: 8 Rates based on < 16 counts are suppressed because of instability of rates

Rates are per 100,000 females, age-adjusted to the 2000 U.S. standard population

Source: ¹ South Dakota Department of Health ² SEER Cancer Statistics 1975-2003